

## McKinney-Vento Homeless Education Assistance Dispute Resolution Form

School District		I	iaison		
		Т	elephone		
Date	Date of first contact by homeless individual, guardian, or representative				
Home	eless Student's Name				
Schoo	ol District Contact		Telephone		
	erintendent/Principal)				
Date	(within 7 business days)				
	Resolution at Liaison/School District Level (describe below) or Forwarded to OPI Homeless Coordinator [please contact at (406) 444-2036]				
	Forwarded to OPI Homel	ess Coordinator [please con	tact at (406) 444-2036]		
Date		(within 15 business days)			
Dute		Resolution at OPI Homeless Coordinator Level (describe below) or			
	Forwarded to Superintend	lent of Public Instruction			
Descr	ribe Resolution Results				
Home	eless Coordinator Signature				
This form must be filed with Hom		Homeless Coordinator			
		Office of Public Instruction PO Box 202501			

Helena, MT 59620-2501

7/18/03